



# BUILDING PERMIT APPLICATION

- ☐ 1-, 2-, or 3-FAMILY RESIDENTIAL  
☐ 4 (OR MORE) FAMILY RESIDENTIAL  
☐ COMMERCIAL  
☐ MULTIPLE PERMIT APPLICATIONS SUBMITTED

- ☐ REVISION TO PERMIT # \_\_\_\_\_  
☐ MISC. (PLEASE SPECIFY) \_\_\_\_\_

(Consideration for the assessment of a single \$30.00 Application Verification Fee will only be made to applications submitted for the SAME ADDRESS at the SAME TIME. This fee will be assessed to the first permit request processed.)

APPLICATION # \_\_\_\_\_ OF \_\_\_\_\_  
 (Please indicate the total number of applications being submitted for the SAME ADDRESS at the SAME TIME. Ex: Application #1 of 3; Application #2 of 3; etc.)

ADDRESS OF JOB \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Unit/Suite # \_\_\_\_\_ Bldg #/Lot # \_\_\_\_\_ Tax District/Parcel # \_\_\_\_\_  
 Subdivision/Complex Name \_\_\_\_\_

PROPERTY OWNER OF RECORD \_\_\_\_\_ Telephone \_\_\_\_\_ FAX \_\_\_\_\_  
 Street Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

ARCHITECT/ENGINEER \_\_\_\_\_ Telephone \_\_\_\_\_ FAX \_\_\_\_\_  
 Street Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

CONTRACTOR \_\_\_\_\_ Telephone \_\_\_\_\_ FAX \_\_\_\_\_  
 Street Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License/Registration # \_\_\_\_\_ Expiration Date \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Authorized Signer \_\_\_\_\_ Print Name \_\_\_\_\_

DESCRIBE EXISTING USE OF BUILDING / PROPERTY \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PROPOSED WORK (USE OF PROPERTY) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

COST OF CONSTRUCTION \$ \_\_\_\_\_ AREA OF CONSTRUCTION \_\_\_\_\_ SQ FT

## FOUNDATION PERMIT REQUESTED?

☐ Yes ☐ No

## PHASED CONSTRUCTION?

☐ Yes ☐ No

Request for: \_\_\_\_\_ Footer \_\_\_\_\_ Foundation to Grade Only  
 \_\_\_\_\_ Foundation with underground utilities included

☐ Prior CBO Approval required/Attached

If Yes, Project # \_\_\_\_\_

Check all that apply (Separate permits are required for each)

Phase # \_\_\_\_\_ of \_\_\_\_\_ total phases

\_\_\_\_\_ Electric \_\_\_\_\_ HVAC-R \_\_\_\_\_ Plumbing

APPLICANT \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 PLEASE PRINT

RELATIONSHIP TO OWNER ☐ SELF ☐ CONTRACTOR ☐ AGENT

E-MAIL ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

SOFT ACCOUNT / PIN #

AUTHORIZED SIGNATURE OF ACCOUNT



# AFFIDAVIT FOR PERMIT

**CAUTION: If you act as your own general contractor, you alone are responsible for compliance with City Codes**

**Note: P.O. Box address is NOT acceptable on this form**

## PROPERTY OWNER OF RECORD

Name (please print) \_\_\_\_\_  
 Street Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ FAX # \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

## AGENT FOR OWNER

☐ TENANT ☐ ARCHITECT / ENGINEER  
☐ ATTORNEY ☐ PLAN SERVICE FIRM ☐ OTHER (SPECIFY) \_\_\_\_\_

Name (please print) \_\_\_\_\_  
 Street Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ FAX # \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

## AFFIDAVIT

(please check one) (please check one)  
 I am the ☐ owner of this ☐ 1-, 2-, or 3-Family Residential

----- OR -----  
☐ owner of this ☐ 4 (or more) Family Residential  
☐ agent for owner ☐ Commercial

that is located in the City of Columbus, Ohio at

NUMBER STREET APT. OR UNIT #

- I will not contract with anyone not licensed/registered by the City of Columbus to perform work requiring such license/registration.
- I understand that additional permits may be required for electric, plumbing, refrigeration, heating, fire protection, and occupancy.
- I will require licensed/registered contractors to obtain their own permits when applicable.
- Name and signature below **must match applicant or property owner of record** information on the attached **Building Permit Application** form.
- I confirm that I have full approval and permission to act on behalf of the property owner for the purpose of making permit application and/or performing the work described under the attached permit application as allowed by applicable Columbus City Codes.
- I understand that this affidavit is important and I have told the truth on it and all attached papers.

PRINT NAME SIGNATURE

Sworn to before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_

Notary Seal Here

NOTARY PUBLIC OR BUILDING SERVICES DIVISION OFFICIAL

STAPLE CHECK HERE

**FALSIFICATION OF A PUBLIC DOCUMENT IS A VIOLATION OF THE OHIO REVISED CODE, SECTION 2921.13(A)(5), A MISDEMEANOR OF THE FIRST DEGREE, PUNISHABLE BY UP TO SIX (6) MONTHS IMPRISONMENT AND A FINE OF \$1,000 OR BOTH.**

**FOR OFFICE USE ONLY:**

COUNTER AND ZONING	Zoning: _____		Height District: _____		Ordinance #: _____	
	Arch. Review District: _____		LDN #: _____		Overlay District: _____	
	Flood Zone: _____		Panel # _____		Map Date: _____	
	Notes: _____					
	<b><u>Adequacy Approval:</u></b> <u>Signature / Date</u>			<b><u>Plan Approval:</u></b> <u>Signature / Date</u>		
Worksheet: _____			Zoning: _____			
Zoning: _____			Plan Exam: _____			
Plan Exam: _____			Plan Tracking <input type="checkbox"/> Yes <input type="checkbox"/> No			

[illegible]



PAYMENT	<b><u>FLAT FEE ONLY</u></b>				
	Base Fee: _____		(+) Address Fee: <b>\$30.00</b>	TOTAL FEE = _____	
	<b><u>CALCULATED FEE</u></b>				
	Base Fee: _____		(X) # of Units _____	= PREPAYMENT _____	
	Square Foot for Fees	Multiplier	Fees for Sq. Ft.	Address Fee(\$30.00 x # UNITS)	BALANCE DUE
_____	X _____	= _____	+ _____	_____	
CASHIER LOG # _____					

**Corrections If Needed:**

Reasons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Calculations: \_\_\_\_\_

\_\_\_\_\_

Revised Balance Due: \_\_\_\_\_

CORRECTED PAYMENT (IF NECESSARY)	<b><u>FLAT FEE ONLY</u></b>				
	Base Fee: _____		(+) Address Fee: <b>\$30.00</b>	TOTAL FEE = _____	
	<b><u>CALCULATED FEE</u></b>				
	Base Fee: _____		(X) # of Units _____	= PREPAYMENT _____	
	Square Foot for Fees	Multiplier	Fees for Sq. Ft.	Address Fee(\$30.00 x # UNITS)	BALANCE DUE
_____	X _____	= _____	+ _____	_____	
CASHIER LOG # _____					